

KENTUCKY PUBLIC HEALTH TRANSFORMATION

Working together for an efficient, sustainable and accountable public health system focused on producing better health outcomes for all Kentuckians.

Jeff Howard, MD, MBA, MPH
Commissioner



WHAT IS PUBLIC HEALTH?

WHAT IS 'HEALTH'

- How do you define health?
- Is the definition different for individual v. a group? An entire population?
- Does it matter who the person, group, or population is?
 - Is 'health' different for infants v. teens v. >90yo
 - Is 'health' different dependent upon the GDP of a country, the current life expectancy or norm of a region?

LET'S TRY TO DEFINE 'HEALTH'

According to the World Health Organization,

"State of complete physical, mental, and social well being, and not merely the absence of disease or infirmity."

HOW ABOUT PUBLIC 'HEALTH'

“The science and art of preventing disease, prolonging life, and promoting health through the *organized efforts* and *informed choices* of society, organizations, public and private communities, and individuals.”

— CEA Winslow, The untilled field of public health. Mod Med 1920;2:183–91.

Public Health Approach



Surveillance

**What is the
problem?**



**Risk Factor
Identification**

**What is the
cause?**



**Intervention
Evaluation**

What works?



Implementation

**How do you do
it?**

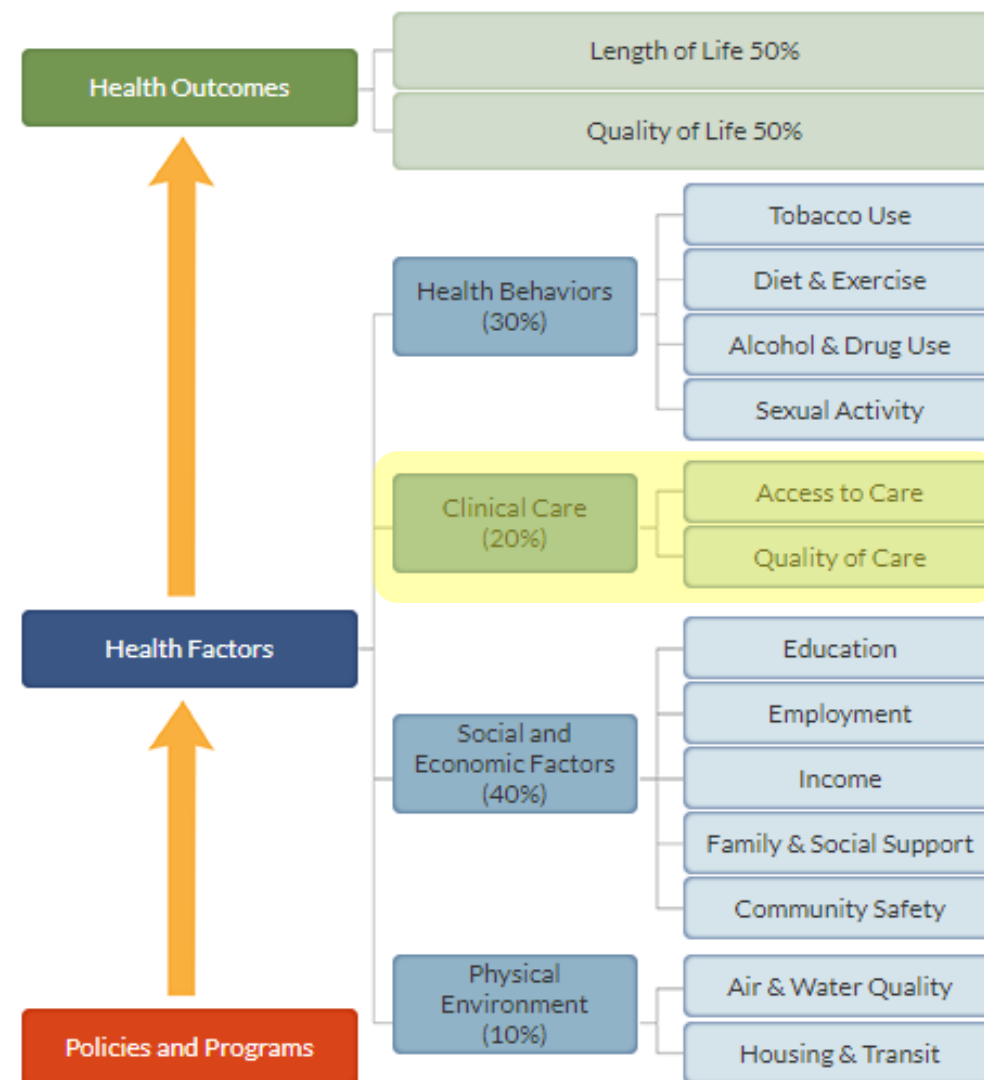
Problem



Response

CHALLENGES TO OBTAINING 'HEALTH'

- REALITY – disparities and inequities exist
- 80% of health outcomes are attributable to something other than clinical care



GOALS FOR PH TRANSFORMATION

1. Relieve the fiscal instability of the current system.
2. Introduce a modern, simplified, and focused PH model with clearly defined priorities that is based on PH 3.0 principles.
3. Create accountability at ALL levels of the system.
4. Improve PH leadership capacity at all levels.
5. Prevent duplication of effort, reduce waste and red-tape internally and externally.
6. Support and emphasize data driven decisions to best promote community health outcomes.

Transformation

A dramatic change in form or appearance, a marked change, ... one function is converted into another one of similar value;

An extreme or radical change.

- **Overarching Assumptions**
 - **Transformation is IRREVERSIBLE;**
 - **Transformation is going to be the most radical operational change in the way we (DPH) do business;**
 - **Transformation is the most strategic quality improvement project we will ever experience;**
 - **Transformation is not only LHDs developing new partners but DPH/DWH developing new partners.**

SIMPLIFY • FOCUS • PRIORITIZE

CHALLENGES

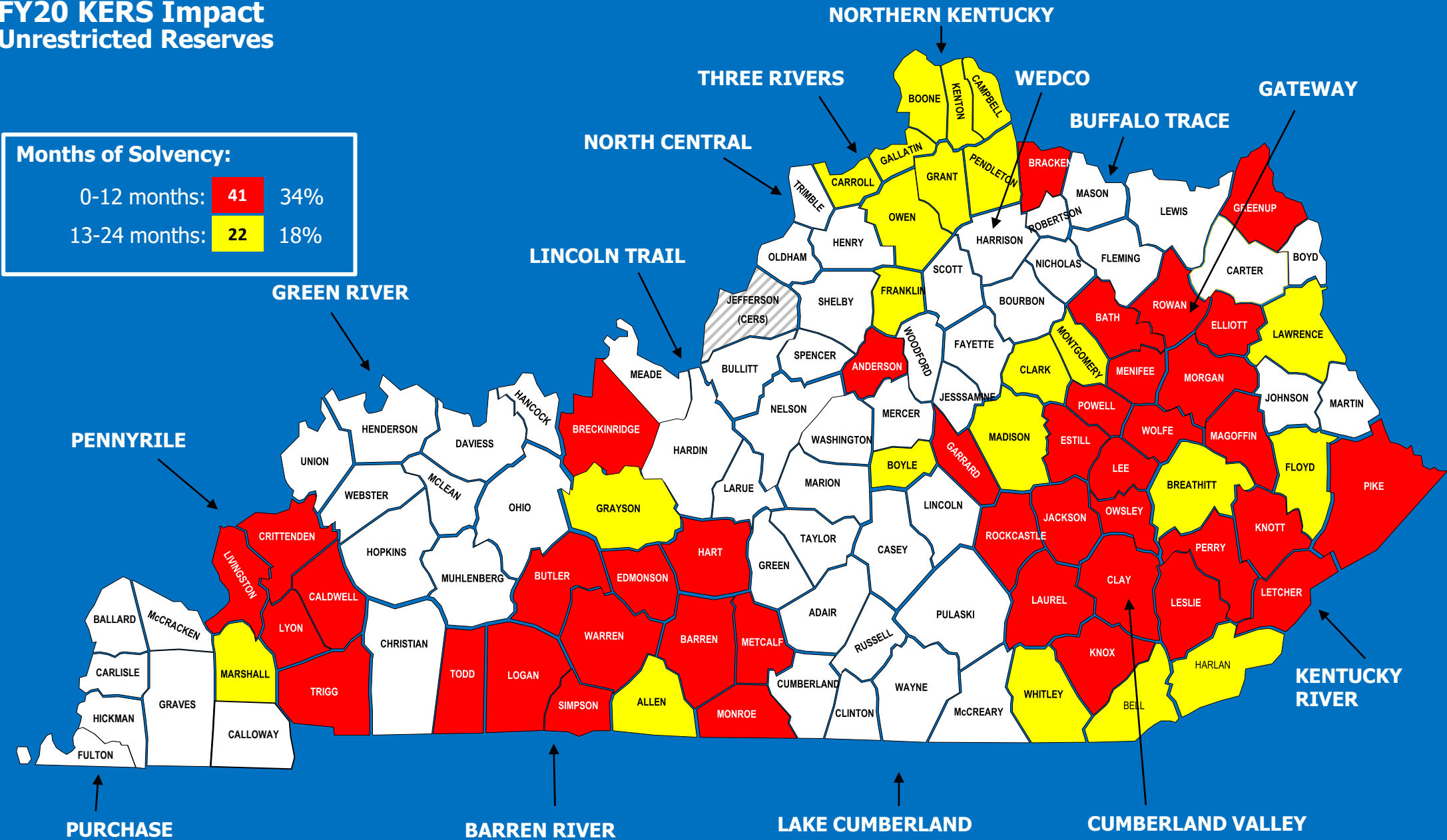
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Fiscal Instability

- 41 Local Health Departments representing 4 Districts are at risk for fiscal default in calendar year 2020.
- Current fiscal analysis shows ~ \$40M deficit in 2020.
- Greatest deficits outside of CORE PH = clinical services.

LOCAL HEALTH DEPARTMENTS
FY20 KERS Impact
Unrestricted Reserves

Months of Solvency:			
0-12 months:	41	34%	
13-24 months:	22	18%	



HOW DID WE GET HERE?

- **Affordable Care Act**
- **KY's pension crisis**

Kentucky



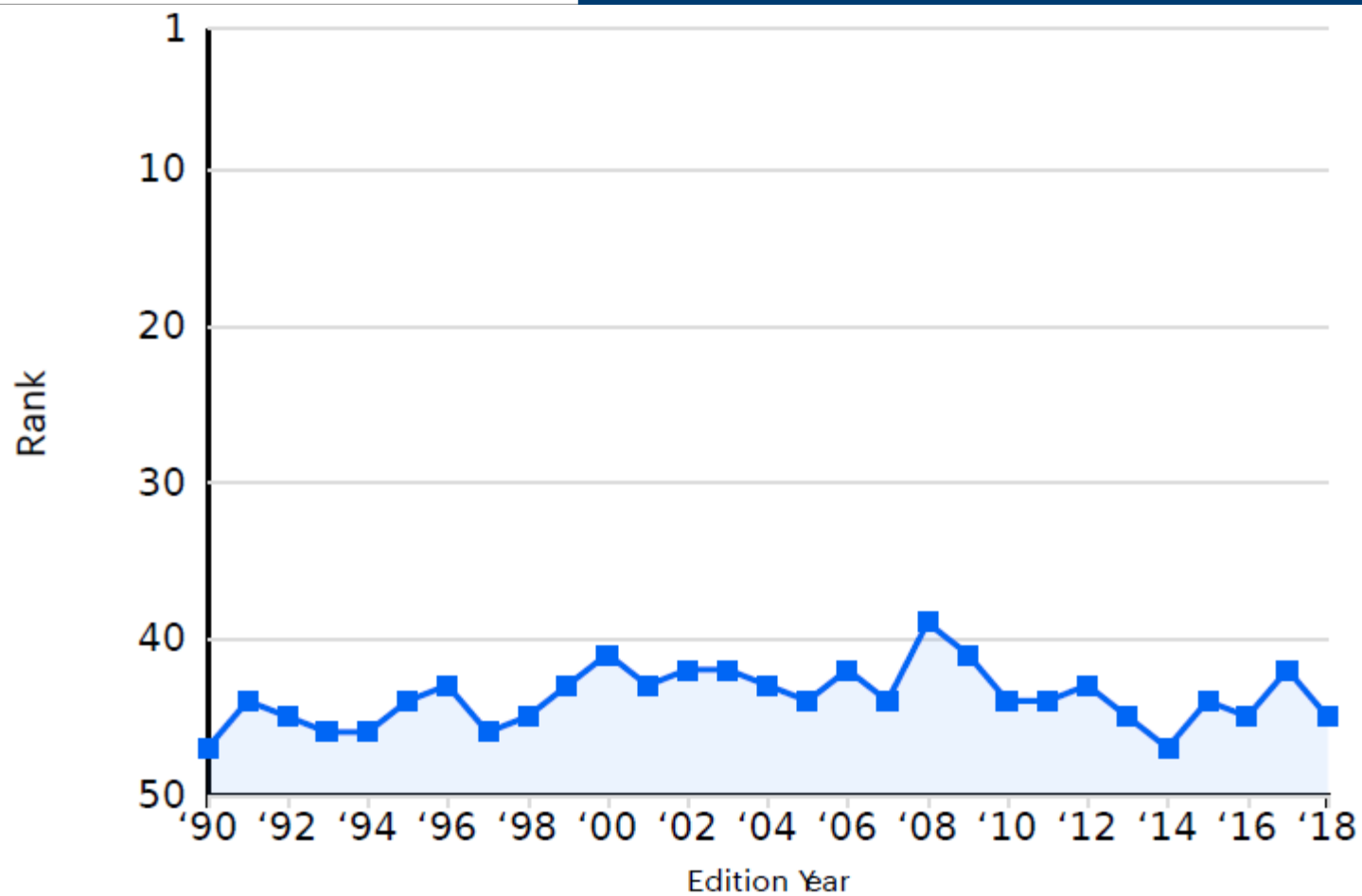
Kentucky

OVERALL RANK: 45

CHANGE: ▼ 3

DETERMINANTS RANK: 42

OUTCOMES RANK: 47



CHALLENGES

1

Fiscal Instability

- Up 41 Local Health Departments representing 4 Districts are at risk for fiscal default in calendar year 2020.
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- Greatest deficits outside of CORE PH = clinical services.

2

Current Programmatic Services are not Reflective of Community PH Needs

- Federal funding structure is a significant driver of this result.
- PH system has not adjusted to post-ACA era PH approaches or programs.
- Bureaucratic layering needs to be removed from the system to achieve operational efficiency and effectiveness.

3

Legislative Issues

- PH laws are disparate and voluminous → needs consolidation to be more functional.
- Current statutes and regulations do not allow for proper operational restructuring.

4

Shared Governance

- Hybrid structure of Public Health makes change difficult.
- Greater support, structure, and education for LBOHs.
- Lack of accountability at ALL levels.

“Every system is perfectly designed to achieve exactly the results it gets.”

- Earl Conway and Paul Batalden



Institute for
Healthcare
Improvement



HARVARD

SCHOOL OF PUBLIC HEALTH

CORE PUBLIC HEALTH

FOUNDATIONAL PUBLIC HEALTH

Five focus areas, which includes statutorily and regulatorily defined services:

1. Population Health
2. Enforcement of Regulation
3. Emergency Preparedness & Response
4. Communicable disease control
5. Administrative and organizational infrastructure

Community Health Assessment

WIC

HANDS

HARM REDUCTION & SUD

- Available to every KY citizen.
- 'Do or Assure'
- Okay for community partners to offer these on the LHD's behalf.
- Must agree that these programs are the first priority.

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Local Public
Health Priorities

How to be a Partner in Implementing the
Washington State Plan for
Healthy Communities



Executive
Summary



How to
Help



Approaches
to Work



Read the Plan



**Alliance for
Healthier Communities**

Alliance pour des
communautés en santé



**CULTIVATING
healthy
COMMUNITIES**



Building Healthy Communities



*Creating Healthy
Communities*

**BUILDING
HEALTHIER
COMMUNITIES**

EMERGENT vs. DIRECTED

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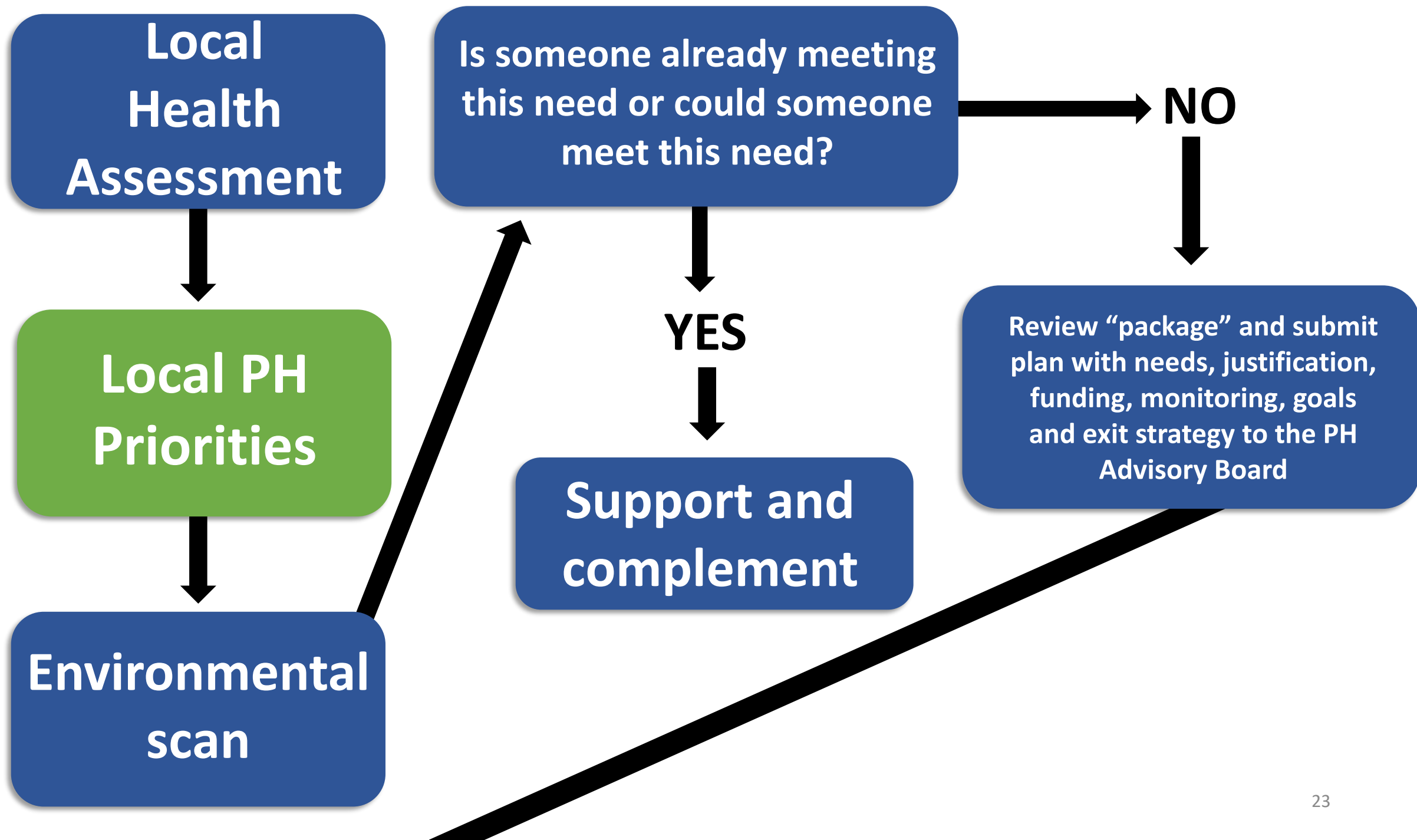
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HANDS

HARM REDUCTION
& SUD

How can we ensure local autonomy while creating accountability at ALL levels?

Health Priorities



Accountability and Transparency



**KHDA
President**



**KALBOH
President**



**KPHA
President**



**University
Representative rotated
on a 2 year cycle
(UK/UL/EKU/WKU)**

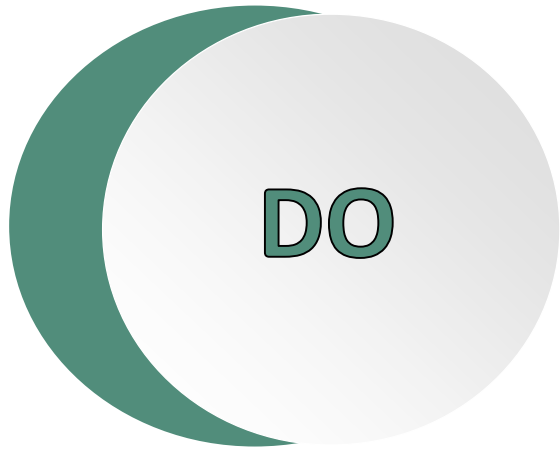


**Commissioner of
Public Health**

- The PH Advisory Council will review evidence-based and best practices to develop PH Service Packages and make them available to every LHD.
- The Advisory Council will also review local priorities with plans as described.
- The Advisory Council may request revision, clarification, approve or deny submitted plans.

FIVE COMPONENTS OF LOCAL HEALTH PRIORITY REVIEW

- ☑ Data-driven need
- ☑ Evidence-based solution (program or service)
- ☑ Adequate funding identified
- ☑ Performance and quality management plan
- ☑ Exit strategy



DPH
↓
LHD

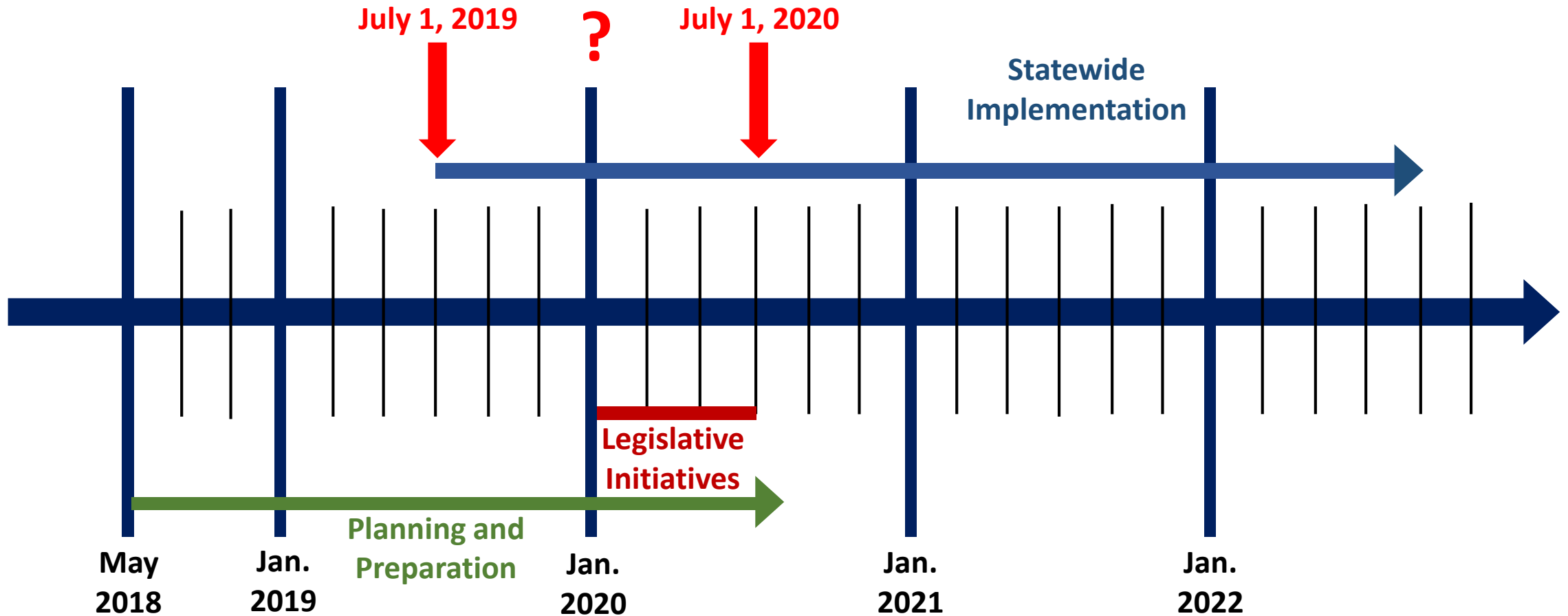


DPH
↓
LHD
↓
Partner



DPH
↓
Partner

TIMELINE



PUBLIC HEALTH TRANSFORMATION UPDATES

Legislation

Commonwealth of Kentucky Department for Public Health

Mandated Services of Local Health Departments

August 1999
Rice C. Leach, M.D.
Commissioner

Kentucky Public Health Department Services

Mandated Services Required of all Public Health Departments

Seven Core Services Required by Statute or Regulation

Preventive Services for Specific Populations from Appropriated Funds

Enforcement of Public Health Regulations
Surveillance of Public Health
Communicable Disease Control
Public Health Education
Public Health Policy
Families and Children Risk Reduction
Disaster Preparedness

Family Planning
Prenatal Care
Well Child Care
Women, Infants, and Children (WIC)
Adult Preventive Services
Chronic Disease Monitoring
and Support

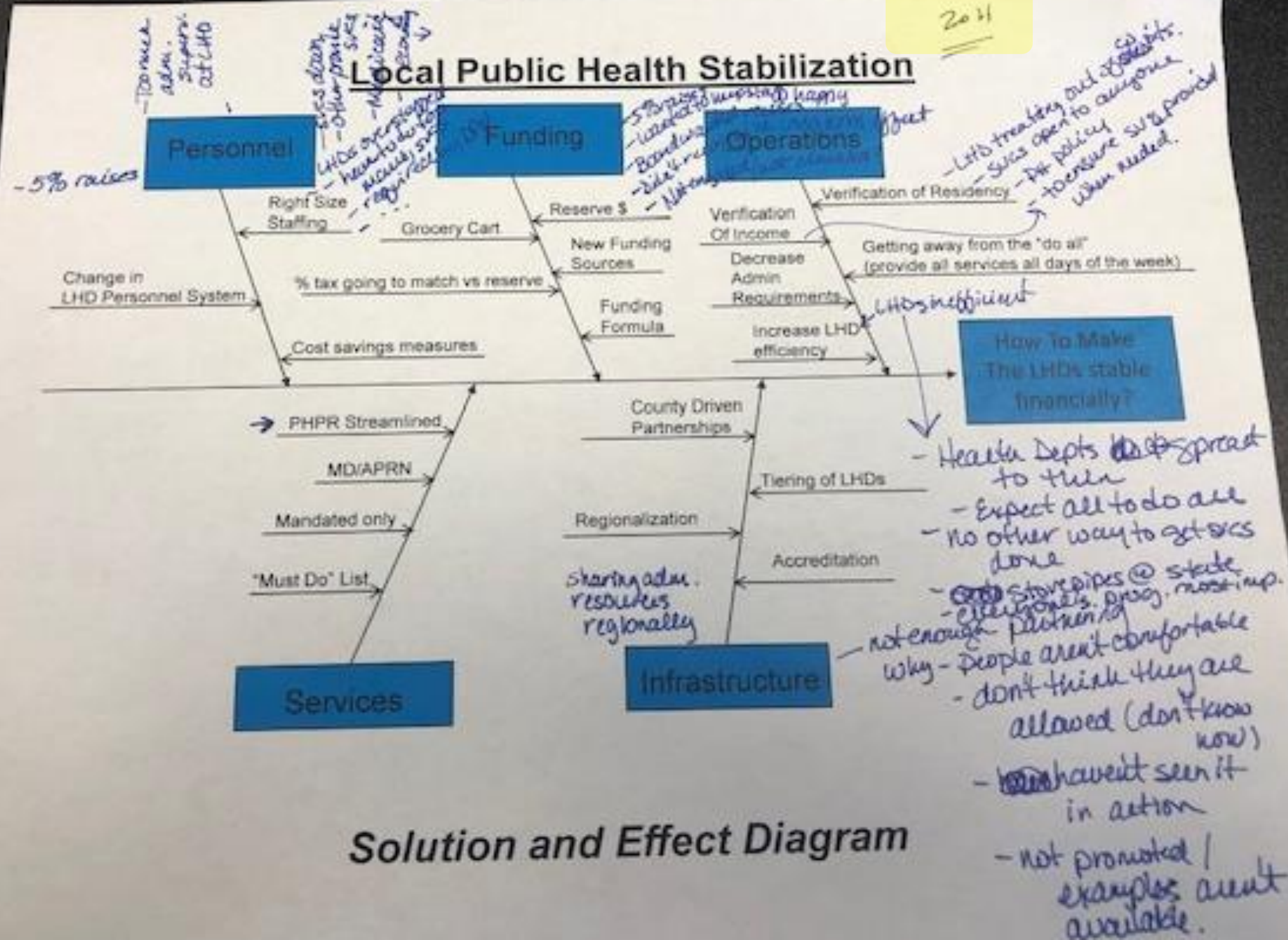
The services listed above are required for all health departments. The authority for core activities exists in the Commonwealth of Kentucky's statutes or regulations. The authority for preventive services is found in state budget language and in grants and contracts with agencies of the United States Public Health Service. These preventive patient services were added as state and federal governments appropriated the funds.

Local Option Services Provided after Mandated Services are Assured

Other Population-Based Services (Negotiated Services)

Other Services for Individuals (Negotiated Services)

Local health departments at their discretion offer Local Option Services. Statute or regulation permits but does not mandate these services. Health departments participating in these activities are expected to be able to compete in the medical marketplace without requiring support from state-appropriated funds. If a community elects to subsidize these services after mandated services have been adequately funded, that is the community's prerogative.



Solution and Effect Diagram

Summary of Dr. Davis's Discussion
for
Stabilization Plan
January 17, 2012

- I. **LHDs Sustainability**
 - o Current Force of changes:
 1. Income decreased
 2. Federal grant funding decreased
 3. State funds decreasing (DPH budget reduced by \$1million so passed to other agencies (Universities) DPH down \$12 million
 4. LHDs have seen \$8 million decrease in last four years
- II. **DPH Reduction**
 - o DPH budget reduced by \$1million so passed to other agencies (Universities) and not LHDs
 1. Reductions may be greater due to some agencies not getting cut and reductions therefore spread to left agencies
- III. **Administrative Plan**
 - o Concerns about ability of some LHDs to be sustainable:
 1. 10-20 LHDs have inverted revenue/expenses and are in jeopardy
 2. DPH team to meet with these LHDs/Directors to assist or review operations (DPH team include finance, nursing, personnel & QA)
 3. Resolve issues
- IV. **Personnel Plan**
 - o Rightsizing agencies;
 1. Hiring freeze at DPH (except those currently in progress)
 2. Consider Federal grants for staffing at LHDs if no requirement for Direct Project Officer
 3. Policy to change hiring
 1. Allow contracting for employees
 2. Extend past 1200 hours without merit system benefits
 3. Partner/contract with other LHDs for services
 4. Partner/contract with other LHDs for administrative/payroll services
- V. **Finance & Allocations**
 - o Review formula for allocations that would be directive toward

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